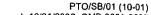
PTO/SB/01 (10-01)

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Attorney Docket Number 1554-AB				
First Named Inventor	Miller			
COMPLETE IF KNOWN				
Application Number				
Filing Date				
Art Unit				
Examiner Name				
	First Named Inventor COMPLETE I Application Number Filling Date Art Unit			

As the below named inventor, I here	As the below named inventor, I hereby declare that:						
My residence, mailing address, and ci	itizenship are as stated belo	ow next to my name.					
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
Gas Assisted Spray Applicator							
	(Title of the I	Invention)					
the specification of which							
is attached hereto							
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International							
Application Number	and was amend	ed on (MM/DD/YYYY)		(if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							



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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Custome or Bar C					OR Co	rrespondence address below
John M. Vasuta					· · · · · · · · · · · · · · · · · · ·	
Name						
75709 Hudson Park Drive						
Address						
Hudson				ОН		44236
City				State		ZIP
USA	······································		30-328-5657			330-656-9375
Country	т	ele	phone			Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTO	K:	_	A petition n	as bee	en filed for this unsig	nea inventor
Curtis Given Name (first and middle [if any])					Miller y Name rname	
Inventor's Signature Date					Date	
Inver Grove Heights			MN		USA	US
Residence: City			State		Country	Citizenship
8701 Callahan Trail						
Mailing Address						
Inver Grove Heights			MN		55076	USA
City			State		ZIP	Country
NAME OF SECOND INVENTOR:]	A petition has	s been	filed for this unsigne	ed inventor
JON Given Name (first and middle [if any])				Family or Sur	Hoogenakk Name	er
Inventor's Signature	•					Date
Inver Grove Heights			MN		USA	US
Residence: City			State		Country	Citizenship
4920 Ashley Lane						•
Malling Address						
Inver Grove Heights			MN		55077	USA
City			State		ZIP	Country
Additional inventors are being named on the		sup	plemental Addition	onal Inve	entor(s) sheet(s) PTO/SB	

looperis italeor

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if an	y:	A petition has been f	iled for th	nis unsigned inventor		
Alan		Lonner	mann			
Given		Family Name	· iai ii i			
Name		or Surname				
Inventor's Signature				Date		
Plymouth	MN	USA		JŠ		
Residence: City	State	Country		Citizenship		
12510 - 29th Avenue, N.				5111 <u>2</u> 01101115		
Mailing Address						
muning Addices						
Mailing Address						
Plymouth	IMN	55441	USA			
City	State	ZIP	Countr			
Name of Additional Joint Inventor, if any:						
Given Name		Family Name or Surname				
Inventor's Signature Date						
Residence: City	State	Country		Citizenship		
Mailing Address						
Mailing Address	1		4			
City	State	ZIP Count		try		
Name of Additional Joint Inventor, if any:						
Given Name		amily Name r Surname				
Inventor's Signature				Date		
Residence: City	State	Country		Citizenship		
Malling Address						
Mailing Address						
City	State	ZIP	Co	untry		

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